## REQUEST FOR CHECK OF DRIVING RECORD

Го:				
Dear State Licensing Agency:				
	n with our company for the position of Federal Motor Carrier Safety Regulations past three (3) years.		ersigned carrier	
NAME OF APPLICANT (first, middle, last)	E OF APPLICANT (first, middle, last)		DATE OF BIRTH	
ADDRESS (number and street)	CITY	STATE	ZIP	
FORMER ADDRESS (number and street)	CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER	LICENSE NO.	SEX	(	
Date Requested:	Amount Enclose	ed:		
Employment Record:	Non-Employment Record:	Both:		
for purposes of investigation as required	by Section 391.23 of the Federal Motor Can nay result from furnishing such information	(name of company) rrier Safety Regulations.	You are	
(Applicant's Signatu	ure)	(Date)		
NAME OF COMPANY				
ADDRESS (number and street)	CITY	STATE	ZIP	
TYPED NAME	TITLE			
SIGNATURE	<u> </u>			
91-508, I hereby certify that the in	of Section 604 and Section 607 of the Fa formation requested below will be used for eceived will be used for no other purpose	or a "Permissible purpose		
	t named below is denied employment bas accordance with Section 61(a) of the Fai		received, I will	
(Signature of Rec	nuestor\	(Data)		